



Saint Raphael Academy

A CATHOLIC, LASALLIAN, COLLEGE PREPARATORY SCHOOL
WHERE EACH STUDENT IS WELCOMED, INSPIRED, AND CHALLENGED.

BE WELCOMED. BE INSPIRED. BE CHALLENGED.

FAMILY CONTACT & HEALTH INFORMATION

Student's Name and Mailing Address

First Name _____ Last Name _____ D.O.B. _____
Address _____ Apt. #/Floor _____
City _____ State _____ Zip _____ Cell Phone _____

Student resides with mother father both other _____

Address Mailings to Mr. & Mrs. Ms. Mr. _____

Contact 1 (primary contact) Relationship to student _____

First Name _____ Last Name _____
Home Phone Number () _____ Cell Phone Number () _____
Work Phone Number () _____ Extension _____
Occupation _____ Employer _____
Primary Email Address _____

What reports are allowed to be sent to Contact 1?
 Attendance Billing Discipline Progress Reports Scheduling Report Cards

Contact 2 Relationship to student _____

First Name _____ Last Name _____
Address _____ Apt. #/Floor _____
City _____ State _____ Zip _____
Home Phone Number () _____ Cell Phone Number () _____
Work Phone Number () _____ Extension _____
Occupation _____ Employer _____
Primary Email Address _____

If address is different than Contact 1, are mailings to be sent to Contact 2? No Yes If "yes", which reports?
 Attendance Billing Discipline Progress Reports Scheduling Report Cards

Emergency Contacts In case of emergency and parent(s)/guardian(s) cannot be reached, please list the names and contact information for TWO responsible people who can be contacted by the school.

Emergency Contact 1 First Name _____ Last Name _____
Phone Number _____ Relationship to student _____
Emergency Contact 2 First Name _____ Last Name _____
Phone Number _____ Relationship to student _____

CONTINUED....



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Student

First Name _____ Last Name _____ D.O.B. _____

Current grade 9 10 11 12 Year of graduation _____

Medical Emergency

I hereby give permission for my child to be given emergency medical treatment at an emergency medical facility.

Student's physician/pediatrician _____ Phone _____

Address _____ City _____

Medical/Physical Conditions, Etc.

If your child has a medical or physical condition that the school should be aware of (including allergies, etc.), please list them here. _____

Photo Release Statement

I give permission to record my child's name, image, voice, statements and/or writing to Saint Raphael Academy (SRA). I further irrevocably grant to SRA, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the Academy. I agree that all rights to the sound, still, or moving images belong to SRA. I voluntarily waive the right to inspect or approve such images. If I am a student, I understand that this release constitutes a waiver of my privacy rights under The Federal Educational Rights and Privacy Act. This release is effective as of the start of the academic year and will remain in effect indefinitely.

I agree to the Photo Release Statement. I DO NOT agree to the Photo Release Statement.

Parental Consent

If any information recorded on this sheet changes during the school year, I/we will notify the school office. I/we have read and completed this form and consent to its contents.

Father's signature _____ Date _____

Mother's signature _____ Date _____

or

Guardian's signature _____ Date _____

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